

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.




READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 9621	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name Monroe M Smith P.O. Box, Bldg., Room No., if any Suite 204 Street 2750 Lake Villa Dr City Metairie State Louisiana ZIP Code + 4 70002-6783	4. Name, file number, and address of labor organization. Name Communications Workers of America Labor Organization File Number 000188 P.O. Box, Building and Room Number, if any Street 501 Third St. NW City Washington State District of Columbia ZIP Code + 4 7
5. Position in labor organization. CWA Representative	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name BellSouth Telecommunications Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 13G04 Street 1155 Peachtree St NE City Atlanta State Georgia ZIP Code + 4 30309	7.a. Nature of Interest, Transaction, or Income. Reimbursement for hotel and meals while attending joint Company, Union Partnership meetings as provided for in the contract between BST and CWA. 1/19 97.41, 1/20 78.42, 1/25-25 183.23, 2/4 78.42, 2/10 88.56, 3/23 8742, 4/13 97.41, 5/11 87.42, 6/10 159.85, 6/22 87.42, 7/2 81.74. 7.b. Amount. \$1,127

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On 1-25-2006	504-455-1061
	Date	Telephone Number